

11/12/04  
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023640 7590 10/22/2004

**BAKER BOTTS, LLP  
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Paul N. Katz	(Depositor's name)
<i>Paul N. Katz</i>	(Signature)
11.11.2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/754,808	01/09/2004	Craig A. Dutois	074104.0118	1585

TITLE OF INVENTION: MOTORIZED JAR OPENER

11/15/2004 MBEYENE2 00000091 10754808

01 FC:1504 300.00 OP  
02 FC:1501 1370.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SMITH, JAMES G	3723	081-003200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  
1 Baker Botts L.L.P.  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HP Intellectual Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2751 Centerville Road, Suite 352  
Wilmington, DE 19803

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)  
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☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0383 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Paul N. Katz*  
Typed or printed name Paul N. Katz

Date 11.11.2004  
Registration No. 35,917

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